

# APPLICANT EXPERIENCE AFFIDAVIT

COMMERCE AND INSURANCE  
TENNESSEE STATE BOARD OF ACCOUNTANCY  
500 JAMES ROBERTSON PKWY  
NASHVILLE, TN 37243-1141  
TOLL FREE: 1-888-453-6150 LOCAL: 615-741-2550  
E-MAIL: [Brenda.demastus@tn.gov](mailto:Brenda.demastus@tn.gov)

Experience requirement: Minimum 1 year (full-time) or 2000 hours (part-time) employment within the last 10 years, or four (4) years experience after passing the CPA exam, to meet substantial equivalency requirements.

Name of Applicant: \_\_\_\_\_

The applicant (is / was) employed by \_\_\_\_\_ for the period beginning  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. This is ☐ / is not ☐ a CPA firm.

The applicant held the following job titles and/or classifications during the period noted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this is not a CPA firm, was the applicant's experience in the field of accounting? YES ☐ NO ☐

Do you have personal knowledge of this employment experience? YES ☐ NO ☐

I do swear (or affirm) that the information above is correct, true and complete and that I have a CPA Certificate in good standing.

\_\_\_\_\_  
PRINT NAME SIGNATURE DATE

\_\_\_\_\_  
COMPANY NAME ADDRESS CITY, STATE, ZIP

\_\_\_\_\_  
TELEPHONE NUMBER JOB TITLE CPA Certificate # / ISSUING STATE